

Nebraska Advantage Rural Development Act Application

L1L2

| ۷. | took about for \$500 and institut | foo | | | 1 Comp | lete Incomple |
|-----|---|---|----------------------|-----------------------------|--------|---------------|
| Αl | tach check for \$500 application | iee. | | | " | |
| E | cact name of applicant and any | other entities, including disrega | rded entities, to be | part of the project | | |
| Α | Entity Name | Entity Type | FEIN | NE Income Tax ID No. | 2A | |
| | 1 | | | | | |
| | 2 | | | | | |
| | _3 | | | | | |
| | 4 | | | | | |
| | (If you need more room, attac | | | | | |
| В | If each entity in 2A is not incl | | | | | |
| | provide an explanation of how | 2B | | | | |
| С | What is the applicant's tax year end? If it does not agree with the copy of the tax return | | | | | |
| | provided in item 8 below, pro- | 2C | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| De | escribe the applicant's business | | | | | |
| A | Narrative: | 3A | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| В | Federal Principal Business A | ctivity Code: | | | 3B | |
| | | e: | | | | |
| _ | · | | | | 3C | |
| С | Qualifying Business Activity (check the applicable boxes for the project): Assembly, fabrication, manufacturing, or processing of tangible personal property | | | | | |
| | Storage, warehousing, o | | | | | |
| | Transportation of tangible | | | | | |
| | Conducting research, de | | | | | |
| | food product, or indi | | | | | |
| | ☐ Livestock Production | | | | | |
| | Performance of data pro | | | | | |
| | Performance of telecom | | | | | |
| | Performance of insurance | | | | | |
| | ☐ Performance of financial | | | | | |
| | ☐ Financial institution | | | | | |
| | Licensed by the Dep | | | | | |
| | Licensed by the Sec | | | | | |
| | Administrative managem | | | | | |
| | activities (provide a | | | | | |
| | qualifying departme | | | | | |
| | Sale of tangible persona | | | | | |
| | represented by the f | | | | | |
| | Sales at w | | | | | |
| | by the | | | | | |
| | • | applicant ngible personal property to a pu | irchaser in one of | the above listed activities | | |
| Pr | roject definition | | | | | |
| Α | Project location(s) | 4A | | | | |
| - • | | | | | | |
| | | Street, City) | County | Enterprise Zone (Y or N) | | |
| | 2 | | | | | |
| | 3 | | | | | |
| | 4 | | | | | |
| | <u>.</u> | | | | | |

| | | FOR NDR USE ONLY | | | |
|-----|-----------|---|----|----------|------------|
| | В | Explanation of how applicant intends to satisfy the chosen levels: | 4B | Complete | Incomplete |
| | С | Does this project include teleworkers working from their residence? | 4C | | |
| | D | Expected Benefits (see Calculation Tips) ATTACH a copy of completed Worksheets I and II, provided in the Calculation Tips (1) Investment a Expected investment increase b Expected investment credits (2) Employment a Expected full-time equivalent growth | 4D | | |
| sin | ce th | b Expected employment credits ———————————————————————————————————— | | | |
| 5 | | ach copy of most recent financial statements (check each attached): Audited financial report, including opinion letter Unaudited financial statements | 5 | | |
| 6 | Enc | 6 | | | |
| 7 | End | 7 | | | |
| 8 | End | 8 | | | |
| | | close copy of most recent Nebraska Reconciliation of Income Tax Withheld, Form W-3N. braska sales and use tax number for each entity listed in item 2 on page 1 (if not licensed, attach a copy of the Nebraska Tax Application, Form 20, and proof of date submitted): | 9 | | |
| | | Entity Name Sales/Use Tax ID No. 1 2 3 4 (If you need more room, attach a schedule) | | | |
| | com AU | IAIL. If you allow the department to contact you by e-mail, you accept any risk of loss of confidentiality associanmunication. IHORIZED SIGNATURE. This application must be signed by the owner/taxpayer, partner, member, corporate norized to sign by a power of attorney on file with the department. | | | |
| he | ere | Authorized Signature Telephone Number Please print your name Title (See Instructions) E-mail Address | | | |
| | | Street or Other Mailing Address City, State, Zip Code | | | |